

OCT 14 2003

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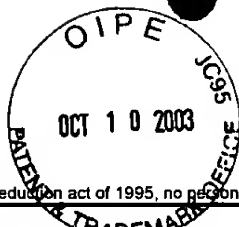
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TRANSMITTAL FORM		(to be used for all correspondence after initial filing)	
Application Number		09/473,003	
Filing Date		12/28/99	
First Named Inventor		Patel	
Group Art Unit		2623	
Examiner Name		Kim, Chong R.	
Attorney Docket Number		15-IS-5283	
Total Number of Pages in This Submission		18	
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____	
		<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
Remarks		RCE	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual Name	McAndrews Held & Malloy, Ltd.		
Signature			
Date			
CERTIFICATE OF MAILING			
"Express Mail" mailing label number EV 303 831 385 US			
Date of Deposit: October 10, 2003			
Name (Print/type)	Joseph M. Butscher	Registration No. (Attorney/Agent)	48,326
Signature			Date 10/10/03

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METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																																																																																																																																																																																																																																															
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Joseph M Butscher	Registration No. (Attorney or Agent)	48,326
Telephone	(312)775-8000	Date	October 10, 2003
Signature		Date	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.